
4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- D. the provider must provide, or assist the child or the child's family in arranging crisis services for the child and the family of a child which must be available 24 hours per day, seven days a week.
- E. the caseload of a home-based mental health service provider must be of a size that can reasonably be expected to enable the provider to meet the needs of the children and their families in the provider's caseload and permit the delivery of the services specified in the children's individual treatment plans.
- F. the services must be coordinated with the child's case manager for mental health services if the child is receiving targeted case management services.

Payment is limited to the following components of home-based mental health services:

- A. diagnostic assessment
- B. individual psychotherapy, family psychotherapy, and multiple-family group psychotherapy
- C. individual skills training, family skills training, and group skills training
- D. time spent by the mental health professional and the mental health practitioner traveling to and from the site of the provision of the home-based mental health services is covered up to 128 hours of travel per client in a six month period. Additional travel hours may may be approved as medically necessary with prior authorization.

The services specified in A through J below are **not** eligible for MA payment:

- A. family psychotherapy services and family skills training services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient. Medical assistance coverage of family psychotherapy services and family skills training services is limited to face-to-face sessions at which the recipient is present throughout the therapy session or skills development session, unless the mental health professional or

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

practitioner conducting the session believes the recipient's absence from the session is necessary to carry out the recipient's individual treatment plan. If the recipient is excluded, the mental health professional or practitioner conducting the session must document the reason for the length of time of the exclusion.

- B. home-based mental health services provided to a child who at the time of service provision has not been determined to be a child eligible for home-based mental health services except for the first 30 hours of home-based mental health services provided to a child who is later determined to meet the functional criteria.
- C. more than 192 hours of individual, family, or group skills training within a six-month period, unless prior authorization is obtained.
- D. more than a combined total of 48 hours within a six month period of individual psychotherapy and family psychotherapy and multiple-family group psychotherapy except in an emergency and prior authorization or after-the-fact prior authorization of the psychotherapy is obtained.
- E. home-based mental health services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within a six month period. Additional home-based mental health services beyond 240 hours are eligible for MA with prior authorization.
- F. psychotherapy provided by a person who is not a mental health professional.
- G. individual, family, or group skills training provided by a person who is not qualified, at least, as a mental health practitioner and who does not maintain a consulting relationship whereby a mental health professional accepts full professional responsibility. However, MA shall reimburse a mental health practitioner who

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on site at least for one observation during the first twelve hours in which the mental health practitioner provides the individual, family, or group skills training to the child or the child's family.

Thereafter, the mental health professional is required to be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual, family, or group skills training to the child and the child's family. The observation must be a minimum of one clinical unit. The on-site presence of the mental health professional must be documented in the child's record and signed by mental health professional who accepts full professional responsibility.

H. home-based mental health services by more than one mental health professional or mental health practitioner simultaneously unless prior authorization is obtained.

I. home-based mental health services to a child or the child's family which duplicate health services funded under Medical Assistance mental health services, grants authorized according to the Minnesota Family Preservation Act, or the Minnesota Indian Family Preservation Act. However, if the mental health professional providing the child's home-based mental health services anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the home-based mental health services, then one session of individual psychotherapy per month for the child, or one session of family psychotherapy per month for the child and the child's family, is eligible for medical assistance payment during the period the child is receiving home-based mental health services. For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

visits per six month episode of home-based mental health services if the mental health professional providing the home based mental health services requests and obtains prior authorization. Additional outpatient psychotherapy services provided concurrent with home-based mental health services in excess of these limits are eligible for MA with prior authorization. In addition, up to 60 hours of day treatment services provided concurrently with home-based mental health services to a child are eligible for MA coverage if the child is being phased into home-based mental health services, or if the child is being phased out of home-based mental health services and phased into day treatment services and home-based mental health services and day treatment services are identified with the goals of the child's individual treatment plan. Additional day treatment services provided concurrent with home-based mental health services in excess of these limits are eligible for MA with prior authorization.

- J. home-based mental health services provided to a child who is not living in the child's residence. However, up to 35 hours of home-based mental health services provided to a child who is residing in a hospital, group home, residential treatment facility, regional treatment center or other institutional group setting or who is participating in a partial hospitalization program are eligible for MA payment if the services are provided under an individual treatment plan for the child developed by the provider working with the child's discharge planning team and if the services are needed to assure the child's smooth transition to living in the child's residence. Additional home-based mental health services provided concurrent with inpatient hospital services in excess of these limits are eligible for MA with prior authorization.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

2. **Day treatment services for mental illness** for children are limited to:

- A. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, or a registered nurse with a master's degree and certificate from the American Nurses Association as a clinical specialist in psychiatric nursing or mental health;
- B. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.;
- C. Services provided in one of the following settings:
 - 1. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;
 - 2. Community Mental Health Center;
 - 3. County contracted day treatment provider.
- D. Services provided no fewer than one day per week and no more than five days per week;
- E. Services provided for three hours of day treatment per day; and
- F. No more than one individual or one family session per week when in day treatment.
- G. Services that, when provided to the family, are directed exclusively to the treatment of the recipient.

Services in excess of these limits are eligible for MA with prior authorization.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

3. **Psychotherapy services** for children as follows:

<u>Services</u>	<u>Limitations</u>
individual psychotherapy, 20 to 30 minutes (90843)	90843 and one half hour units of 90915 combined, are covered up to 26 hours per calendar year; unless additional coverage is prior authorized
individual psychotherapy; 40 to 50 minutes (90844)	90844 and one hour units of 90915 combined, are covered up to 20 hours per calendar year, not more frequently than once every five calendar days; unless additional coverage is prior authorized
family psychotherapy without patient present (90846)	up to 20 hours per calendar year when combined with 90847; unless additional coverage is prior authorized
family psychotherapy (90847)	up to 20 hours per calendar year when combined with 90846; unless additional coverage is prior authorized
family psychotherapy discretionary (90847-22)	up to 12 per calendar year

Psychotherapy services are not covered unless the services,
when provided to the family, are directed exclusively to the
treatment of the recipient.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

4. **Family community support services** for children are services provided by mental health professionals or mental health practitioners under the clinical supervision of a mental health professional, designed to help each child to function and remain with their family in the community. For purposes of item 4.b., a child eligible for family community support services means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 16a, items A-D for **professional home-based mental health services**.

The diagnostic assessment must have determined that the child meets the functional criteria outlined above and is in need of family community support services.

An entity operated by or under contract to the county to provide family community support services is eligible to provide family community support services. Such entities include, but are not limited to:

- A. outpatient hospitals;
- B. community mental health centers; and
- C. community mental health clinics.

A provider of family community support services must meet the qualifications in items A to F, below:

- A. the provider must be able to recruit mental health professionals and practitioners, must have adequate administrative ability to ensure availability of services, and must ensure adequate pre-service and in-service training.
- B. the provider must be skilled in the delivery of mental health services to children with severe emotional disturbance and must be capable of implementing services which address the needs

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

identified in the child's treatment plan.

- C. the mental health professional involved in a child's care must develop and sign the treatment plan and periodically review the necessity for treatment and the appropriateness of care.
- D. the provider must provide, or assist the child or the child's family in arranging emergency services for the child and the child's family.
- E. if the child has no assigned case manager or refuses case management services (and the county board has not done so), the provider must ensure coordination of the components of family community support services.
- F. if the county board has not done so, the provider must ensure that family community support services are given in a manner consistent with national core values for child adolescent services.

A provider of family community support services must be capable of providing all of the components specified below. Item A is covered as a mental health service under items 2.a., 5.a., 6.d. and 9 of this Attachment.

- A. diagnostic assessment;
- B. individual, family, or group skills training that is designed to improve the basic functioning of the child and the child's family in the activities of daily and community living, and to improve the social functioning of the child and the child's family in areas important to the child's maintaining or reestablishing residency in the community. For purposes of this item, "community" means the child's residence, work, school, or peer group. The individual, family, and group skills training must consist of:
 - 1. activities designed to promote skill development of both the child and the child's family in the use of age-appropriate daily living skills, interpersonal and family relationships, and leisure and recreational

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

services;

2. activities which will assist the family to improve its understanding of normal child development and to use parenting skills that will help the child achieve the goals outlined in the child's individual treatment plan (and assistance in developing parenting skills necessary to address the needs of the child); and
 3. assistance in developing independent living skills; and
- C. crisis assistance. "Crisis assistance" means help to the child, the child's family and all providers of services to the child to:
1. recognize factors precipitating a mental health crisis;
 2. identify behaviors related to the crisis; and
 3. be informed of available resources to resolve the crisis. Such assistance is designed to address abrupt or substantial changes in the functioning of the child or the child's family evidenced by a sudden change in behavior with negative consequences for well being, a loss of coping mechanisms, or the presentation of danger to self or others. The services focus on crisis prevention, identification, and management. Crisis assistance service components are:
 - a. crisis risk assessment;
 - b. screening for hospitalization;
 - c. referral and follow-up to suitable community resources; and
 - d. planning for crisis intervention and counseling services with other service providers, the child, and the child's family.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Crisis assistance services must be coordinated with emergency services. Emergency services must be available 24 hours per day, seven days a week.

Payment is limited to the above components of family community support services, plus time spent traveling to and from the site where family community support services are provided. Travel is paid for at the hourly MA rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Only 40 hours of travel per client in any consecutive six-month period is paid. The 40-hour limit may not be exceeded on a calendar year basis unless prior authorization is obtained.

To be eligible for MA payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides family community support services. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour. The mental health professional must document his or her on-site presence in the child's record.

The services specified in items A through N below are **not** eligible for MA payment:

- A. client outreach for the purpose of seeking persons who potentially may be eligible for family community support services;
- B. family community support services provided to a child who at the time of service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness), except that the first 30 hours of family community support services

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

provided to a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a person with serious and persistent mental illness) at the time services began is eligible for MA payment;

- C. more than 68 hours of individual, family, or group skills training within any consecutive six-month period. The 68-hour limit may not be exceeded during any calendar year unless prior authorization is obtained;
- D. more than 24 hours of crisis assistance within any consecutive six-month period. This limit may not be exceeded during any calendar year, except in the case of an emergency, and prior authorization or after-the-fact authorization of the psychotherapy is obtained under State rules governing after-the-fact authorization;
- E. family community support services that exceed 92 hours in any combination of crisis assistance, and individual, family, or group skills training within any consecutive six-month period. The 92-hour limit may not be exceeded during any calendar year. Additional family community support services beyond 92 hours are eligible for MA payment with prior authorization;
- F. crisis assistance and individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;
- G. family community support services provided at the same time as professional home-based mental health services;
- H. family community support services simultaneously provided with therapeutic support of foster care services;

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- I. assistance in locating respite care and special needs day care, and assistance in obtaining potential financial resources, including federal assistance;
- J. medication monitoring;
- K. family community support services not provided by a county board or eligible provider under contract to a county board;
- L. family community support services simultaneously provided by more than one mental health professional or practitioner unless prior authorization is obtained; or
- M. family community support services to a child or the child's family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except up to 60 hours of day treatment services within a six-month period provided concurrently with family community support services to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:
 - 1. being phased out of day treatment services and phased into family community support services; or
 - 2. being phased into day treatment services and the family community support services and day treatment services are identified with the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

N. Family community support services are not covered unless the services provided to the family are directed exclusively to the treatment of the recipient.

5. **Therapeutic support of foster care services** for children are the mental health training and support services and clinical supervision provided by mental health professionals or mental health practitioners to foster families caring for a child to provide a therapeutic family environment and support the child's improved functioning. For purposes of item 4.b., a child eligible for therapeutic support of foster care means a child under age 18 who has been determined, using a diagnostic assessment, to be a child with severe emotional disturbance, (or, if between ages 18 and 21, a person who has been determined to have a serious and persistent mental illness) who meets the functional criteria defined in Supplement 1 of this Attachment for purposes of targeted case management, or a child who meets one of the criteria listed on page 16a, items A-D for **professional home-based mental health services**. The number of foster children in a family receiving therapeutic support of foster care cannot exceed two, unless otherwise approved by the Department.

The diagnostic assessment must have determined that the child meets the functional criteria noted above and is in need of therapeutic support of foster care.

The services are for the purposes of enabling a child to improve or maintain emotional or behavioral functioning in order to reduce or prevent the reliance upon more intensive, restrictive, and costly services, or to reunify and reintegrate the child with the child's family after out-of-home placement.

The entities eligible to provide therapeutic support of foster care services are the same as those for **family community support services**, page 16j. These entities provide therapeutic support of foster care services primarily in the child's foster home, but may also provide them in the settings provided for on page

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

16b for **professional home-based mental health services**, and where the child works.

A provider of therapeutic support of foster care must meet the qualifications in items A to E, below:

- A. the provider must be skilled in the delivery of therapeutic support services to foster families caring for children with severe emotional disturbance. Mental health practitioners must receive 20 hours of continuing training every two years. The topics covered must conform to those listed in State rules governing training for family community support services.
- B. mental health practitioners cannot have caseload sizes of more than eight children.
- C. if the county board has not done so, the provider must provide or assist the child or the child's family in arranging mental health crisis services for the child and the child's foster family which must be available 24 hours per day, seven days a week.
- D. the provider must submit a letter to the Department before providing therapeutic support of foster care services, assuring that the agency with which it contracts has adequate capacity to recruit mental health professionals and practitioners to provide such services.
- E. the provider must ensure that therapeutic support of foster care services are given in a manner is consistent with national core values for foster care treatment.

A provider of therapeutic support of foster care services must be capable of providing all of the components specified in items A-C on pages 16b-16c for **professional home-based mental health services**.

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4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

Payment is limited to the above components, plus time spent traveling to and from the site where therapeutic support of foster care services are provided, up to 128 hours of travel per client in any consecutive six month period. These limits apply on a calendar year basis as well. Travel is paid for at the hourly MA rate paid to a case manager for case management services provided in Supplement 1 to this Attachment. Additional travel hours may be approved as medically necessary with prior authorization.

To be eligible for MA payment, a mental health practitioner must receive clinical supervision from a mental health professional. However, a mental health practitioner will be paid if the practitioner maintains a consulting relationship with a mental health professional who accepts full professional responsibility and is present on-site for at least one observation during the first 12 hours in which the mental health practitioner provides the individual, family, or group skills training. Thereafter, the mental health professional must be present on-site for observation as clinically appropriate when the mental health practitioner is providing individual family or group skills training; such observation must be a minimum of one clinical hour during the first 12 hours. The mental health professional must document his or her on-site presence in the child's record.

The services specified in items A through J below are **not** eligible for MA payment:

- A. therapeutic support of foster care provided to a foster family with a child who at the time of the service has not had a diagnostic assessment to determine if the child has a severe emotional disturbance (or, if between ages 18 and 21, has not had a diagnostic assessment to determine if the person has a serious and persistent mental illness), except that the first 30 hours of therapeutic support of foster care services provided to a foster family with a child who is later assessed and determined to have a severe emotional disturbance (or, if between ages 18 and 21, a serious and persistent mental illness) at the time services began is eligible for MA payment;

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

- B. more than 192 hours of individual, family, or group skills training within any consecutive six-month period. The 192-hour limit may not be exceeded during any calendar year unless prior authorization is obtained.
- C. more than a combined total of 48 hours within any consecutive six-month period of individual, family, group, and multiple-family group psychotherapy. The 48-hour limit may not be exceeded during any calendar year, except in the case of an emergency if prior authorization or after-the-fact authorization of the psychotherapy is obtained;
- D. therapeutic support of foster care services that exceed 240 hours in any combination of the psychotherapies and individual, family, or group skills training within any consecutive six-month period. Additional therapeutic support of foster care beyond 240 hours are eligible for MA payment with prior authorization;
- E. psychotherapy provided by a person who is not a mental health professional;
- F. individual, family, or group skills training provided by a person who is not at least qualified as a mental health practitioner and who does not maintain a consulting relationship with a mental health professional who accepts full professional responsibility;
- G. therapeutic support of foster care provided by a county board or provider under contract to a county board, if the county board or provider is not capable of providing all the components noted on page 16q;
- H. therapeutic support of foster care simultaneously provided by more than one mental health professional or mental health practitioner unless prior authorization is obtained;
- I. therapeutic support of foster care to a foster family which duplicate health services funded under medical assistance mental health services; grants authorized according to the Children's Community-Based Mental Health Fund; the Minnesota Family Preservation Act; or the Minnesota Indian Family Preservation Act, except:

4.b. Early and periodic screening, diagnosis, and treatment services: (continued)

1. up to 60 hours of day treatment services within a six-month period provided concurrently with therapeutic support of foster care to a child with severe emotional disturbance are eligible for MA payment without prior authorization if the child is:
 - a. being phased out of day treatment services and phased into therapeutic support of foster care; or
 - b. being phased out of therapeutic support of foster care and day treatment services are identified within the goals of the child's individual treatment plan.

Prior authorization may be requested for additional hours of day treatment beyond the 60-hour limit; or

2. if the mental health professional providing the child's therapeutic support of foster care anticipates the child or the child's family will need outpatient psychotherapy services upon completion of the therapeutic support of foster care, then one session of individual psychotherapy per month for the child or one session of family psychotherapy per month for the child's family is eligible for MA payment during the period the child receives therapeutic support of foster care.

For purposes of the child's transition to outpatient psychotherapy, the child may receive two additional psychotherapy visits per six-month episode of therapeutic support of foster care if the mental health professional providing the therapeutic support of foster care works with the provider of outpatient psychotherapy to facilitate the child's transition from therapeutic support of foster care to outpatient psychotherapy services and to coordinate the child's mental health services.